

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Re Application of:  
Mikhail M. FELDSTEIN et al.

Examiner: William K. CHEUNG

Serial No.: 10/825,083

Group Art Unit: 1713

Filing Date: April 14, 2004

Confirmation No: 7175

Title: COVALENT AND NON-  
COVALENT CROSSLINKING OF  
HYDROPHILIC POLYMERS AND  
ADHESIVE COMPOSITIONS  
PREPARED THEREWITH

**AMENDMENT UNDER 37 CFR § 1.111**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed from the PTO on December 28, 2005.

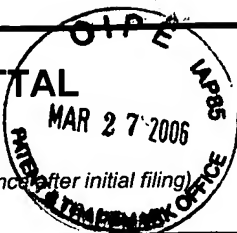
*Amendments to the Specification* are set forth on page 2 of this document.

The *Listing of the Claims* begins on page 3 of this document. Amendments to the claims are reflected therein. With this amendment, claims 24, 26, 38, and 91 have been amended, claims 25 and 39 have been canceled, and new claim 92 has been added.

*Remarks* begin on page 6 of this document.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Application Number **10/825,083**  
 Filing Date **April 14, 2004**  
 First Named Inventor **Mikhail M. Feldstein**  
 Art Unit **1713**  
 Examiner Name **William K. Cheung**  
 Attorney Docket Number **2335-0010**

Mail Stop **Amendment**

## ENCLOSURES (Check all that apply)

- |  |   |   |              |    |               |              |   |               |                    |   |      |  |   |  |
|--|---|---|--------------|----|---------------|--------------|---|---------------|--------------------|---|------|--|---|--|
| <input checked="" type="checkbox"/> <b>No fee due</b><br><input type="checkbox"/> Fee(s) due: \$ _____<br><input type="checkbox"/> Check enclosed<br><input type="checkbox"/> Charge Deposit Account No. 18-0580<br><input type="checkbox"/> 37 CFR § 1.16<br><input type="checkbox"/> 37 CFR § 1.17<br><input checked="" type="checkbox"/> <b>The Commission is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580</b><br><input checked="" type="checkbox"/> <b>Return postcard</b><br><input checked="" type="checkbox"/> <b>Amendment/Response</b><br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s) -<br>____ Affidavits/declaration(s)<br><input type="checkbox"/> ____ -Month Extension of Time | <input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Information Disclosure Statement & PTO-1449 Form(s)<br><input type="checkbox"/> Cited reference copy(ies)<br><input type="checkbox"/> Response to Missing Parts / Incomplete Application<br><input type="checkbox"/> Declaration(s) by Inventor(s)<br><input type="checkbox"/> Preliminary Amendment<br><input type="checkbox"/> Updated Application Data Sheet<br><input type="checkbox"/> Drawing(s) - ____ Sheets<br><input type="checkbox"/> Compact Disk(s) - ____ CD(s)<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Power of Attorney & Address Indication Form | <input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> After Allowance Communication to a Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Other Enclosure(s) (see remarks):<br><br><b>Claim Count</b><br><br><table border="1"> <tr> <td>Total Claims</td> <td>10</td> <td>- 90</td> <td>Extra Claims</td> <td>0</td> <td>New Claim No.</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 8=</td> <td></td> <td>0</td> <td></td> </tr> </table> | Total Claims | 10 | - 90          | Extra Claims | 0 | New Claim No. | Independent Claims | 3 | - 8= |  | 0 |  |
| Total Claims   | 10  | - 90  | Extra Claims | 0  | New Claim No. |              |   |               |                    |   |      |  |   |  |
| Independent Claims   | 3   | - 8=  |              | 0  |               |              |   |               |                    |   |      |  |   |  |

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	<b>Isaac M. Rutenberg, Reg. No. 57,419</b> <b>Reed Intellectual Property Law Group</b>	Telephone	<b>(650) 251-7700</b>
Signature		Date	<b>March 23, 2006</b>

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	<b>Joe Clark</b>	Date	<b>March 23, 2006</b>
Signature			